


FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737597				(5)	
1. Corporation Name BIRTH CONTROL CENTER, INC.					
Principal Place of Business 1030 HERMAN AVENUE ORLANDO FL 32803-1425			Mailing Address 1030 HERMAN AVENUE ORLANDO FL 32803-4425		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		25		29	
				30 Country	
9. Name and Address of Current Registered Agent					
SOBIESKI-JOY, TAMMY 1030 HERMAN AVE ORLANDO FL 32803				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE		VPD		<input type="checkbox"/> DELETE	
NAME		BRYAN, E. JOY			
STREET ADDRESS		1030 HERMAN AVE			
CITY - ST - ZIP		ORLANDO FL			
TITLE		PSD		<input type="checkbox"/> DELETE	
NAME		SOBIESKI-JOY, TAMMY			
STREET ADDRESS		1030 HERMAN AVE			
CITY - ST - ZIP		ORLANDO FL			
TITLE		DT		<input type="checkbox"/> DELETE	
NAME		SOBIESKI, EVERETT			
STREET ADDRESS		1030 HERMAN AVE			
CITY - ST - ZIP		ORLANDO FL			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)